

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024119

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 103

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0465
2 0465

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4 0

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9 773.5

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12 5-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 141

Primary Registration District No. 3025 Registrar's No. 103

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN West Plains

Length of stay in 1b
19 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION W.P. Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Mo. Howell

c. CITY OR TOWN West Plains

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Douglas Raymond Smith

4. DATE OF DEATH
Month Day Year
June 17, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-16-63

9. AGE (last birthday)

19 hours

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

West Plains, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ronald Smith

13b. MOTHER'S MAIDEN NAME

Fernetta Sue Alcorn

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Ronald Smith, West Plains, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Neonatal respiratory-circulatory distress

INTERVAL BETWEEN ONSET AND DEATH

19hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

(No postmortem) (Easy delivery)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6 16 63 to 6 17 63 and last saw him alive on 6 17 63
Death occurred at 3:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J B Stoll M D

(Degree & Title)

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

6-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6-18-1963

23c. NAME OF CEMETERY OR CREMATORY

Sweeton Cemetery

23d. LOCATION (City, town, or county)

Dora, Ozark, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Robertsons, West Plains, Mo.

25. DATE RECD. BY LOCAL REG.

6-25-63

26. REGISTRAR'S SIGNATURE

Beatrice Cook

USE BLACK INK

OR TYPEWRITER RIBBON

Stoll

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. A. Robertson
Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.